

OFF-ROAD VEHICLE and ALL-TERRAIN VEHICLE SAFETY EDUCATION PROGRAM GRANT APPLICATION

This information required under authority of Part 811, 1994 PA 451, as amended, to be eligible for grant funding.

Applicant

Applicant (name of organization or agency)		Contact Person
Address		
City, State, ZIP		
Telephone ()	E-mail	

Instructors

Provide the full name of each instructor and any assistants that will be helping with the classes. Attach a separate, completed *Michigan Recreational Safety Training Instructor Application (PR9186)* for each instructor and assistant.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Course Content

Attached is:

☐ Copy of Instruction Materials ☐ Copy of Test Materials ☐ Copy of Outline for classroom instruction and riding

Instructor(s)

Location(s) - Provide name of facility and address.

Date(s)
(mm/dd/yy)

**Estimated #
of Student(s)****Total Estimated Number of Students**

Certification

Signature of grant applicant representative

Date _____

Printed or typed name of grant applicant representative

Send completed Application to:

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